



County of San Diego Monthly STD Report

Volume 10, Issue 3: Data through October 2017; Report released March 28, 2018.



Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2016		2017	
	Oct	Previous 12-Month Period*	Oct	Previous 12-Month Period*
Chlamydia	1628	18765	1781	20648
Female age 18-25	585	7250	666	7786
Female age ≤ 17	52	761	80	899
Male rectal chlamydia	45	590	58	521
Gonorrhea	432	4734	545	5847
Female age 18-25	61	621	77	714
Female age ≤ 17	10	107	7	104
Male rectal gonorrhea	57	639	85	861
Early Syphilis (adult total)	81	925	74	1085
Primary	12	170	15	188
Secondary	23	322	20	384
Early latent	46	433	39	513
Congenital syphilis	2	10	0	11

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	17483	637.9	245	75.2	564	431.3	1281	139.9	1537	121.2
Gonorrhea	4943	180.4	109	33.4	475	363.2	1139	124.4	1146	90.4
Early Syphilis	917	33.5	39	12.0	63	48.2	380	41.5	356	28.1
Under 20 yrs										
Chlamydia	2872	422.0	22	32.1	84	265.5	230	74.5	190	82.9
Gonorrhea	425	62.5	4	5.8	54	170.7	127	41.1	61	26.6
Early Syphilis	25	3.7	0	0.0	1	3.2	18	5.8	3	1.3

Note: Rates calculated using 2016 SANDAG population estimates.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

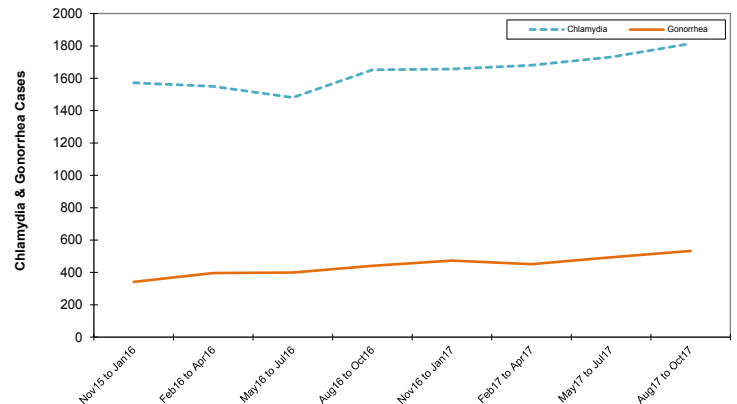
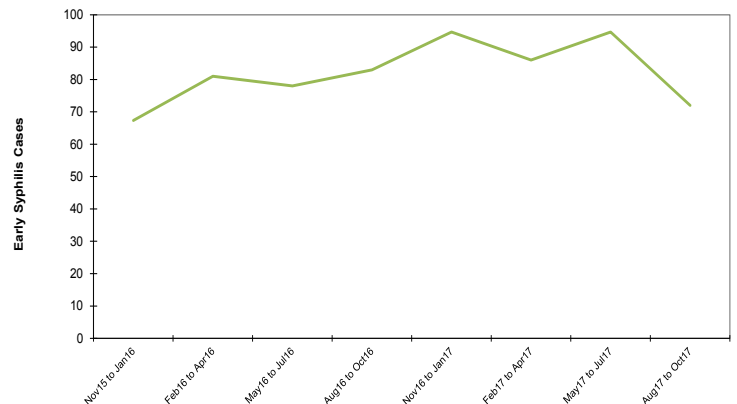


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: "Treat Me Right:" Preparing for STD Awareness Month

April is STD Awareness Month! With rates of syphilis, gonorrhea, and chlamydia at their highest levels of the past three decades in San Diego County, and continuing to rise based on preliminary 2017 STD surveillance data, awareness of STDs and actions to prevent them have never been more important. STD prevention is a community-wide effort, and everyone, including the public health department, healthcare providers, and the public, has a role to play.

For STD Awareness Month, the Centers for Disease Control and Prevention (CDC) is sending a message to both healthcare providers and patients: "Treat Me Right." CDC is encouraging providers to foster trusting patient-provider relationships and is encouraging patients to learn how they can stay healthy and how to ask for the care that they need. More information is available at the ["Treat Me Right"](http://www.TreatMeRight.org) webpage, which includes links for both [providers](#) and [patients](#) and provides access to numerous [resources](#), including guides for taking a sexual history, cultural competency training resources, promotional materials, and the most recent STD treatment guidelines.

In addition to promoting the CDC's "Treat Me Right" campaign message and materials, providers can assist in STD prevention efforts by:

- Ensuring that the clinical environment of your facility is welcoming and inclusive for all.
- Incorporating routine discussions about sexual health and sexual history into the medical visit.

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Editorial Note: "Treat Me Right:" Preparing for STD Awareness Month (cont.)

- Adhering to [STD screening guidelines](#) and offering more frequent testing (i.e., every 3 to 6 months) to patients with risk factors and those on [HIV pre-exposure prophylaxis \(PrEP\)](#).
- Preventing congenital syphilis by screening all pregnant women during the first prenatal visit (and again during the third trimester and at delivery for those with risk factors) and ensuring timely treatment of pregnant women with syphilis with a CDC-recommended benzathine penicillin G-based regimen.
- Testing for gonorrhea and chlamydia at all possible sites of infection (i.e., genitourinary, pharyngeal, and/or rectal) using nucleic acid amplification testing (NAAT). Among men who have sex with men (MSM), approximately 70-80% of infections may be missed if screening is limited to the urethra or a urine sample^[1,2]. NAAT is preferred for screening due to higher sensitivity and specificity compared to other available tests^[3].
- Providing dual treatment to all cases of gonorrhea to limit the development and spread of antibiotic-resistant *Neisseria gonorrhoeae*. Recommended treatment is a combination of ceftriaxone 250 mg IM plus azithromycin 1 gram orally, both as single doses. For alternative regimens for patients who cannot receive one or more of the recommended agents, refer to the [2015 CDC STD Treatment Guidelines](#).
- Prevent reinfection by verifying that partners of patients with STDs receive evaluation and treatment. Consider [expedited partner therapy \(EPT\)](#) for partners who are unlikely or unwilling to seek evaluation.
- Report new STD diagnoses to the local health department.



Image Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention, CDC